Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED					
		FCL011337	B. WING		12/0	4/2014				
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE						
WESTSIDE ASSISTED LIVING - B  121 RICHLAND STREET  ASHEVILLE, NC 28806										
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIATE					
C 000 Initial Comments			C 000							
	Report by Glenn Hoppin									
	Survey on Decemb referenced facility. home was first licer Family Care Home ambulatory (able to without any physica fire or other emerge information we are compliance with the Family Care Homes Standards and Reg portions of the 2008 Family Care Homes North Carolina Stat 419.2 - Residential	a Section conducted a Biennial er 04, 2014 at the above DHSR records indicate the used on August 13, 1999 as a for six Residents who are evacuate and respond of or verbal assistance during a ency). Based on this requiring the home to maintain er following: the 1992 "Rules for some Minimum and Desired culations", the applicable of Rules 10A NCAC 13G for some and the 1996 (99 Rev) er Building Code - Section Care Homes.								
		of correction is required. They								
C 153	Houskeeping And F	urnishings-Clean, Repaired	C 153							
	FURNISHINGS  (a) Each family ca  (1) have walls, cei coverings kept clea  (2) have no chroni  (3) have furniture	15 HOUSEKEEPING AND								
	This Rule is not me 1.) Bedbug carcass	et as evidenced by: ses were discovered in client								

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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		FCL011337	B. WING		12/0	4/2014						
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE												
WESTSIDE ASSISTED LIVING - B  121 RICHLAND STREET  ASHEVILLE, NC 28806												
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	(X5) COMPLETE DATE							
C 153	Continued From page 1		C 153									
	also conducted on	s noted in the complaint survey December 04, 2014. Follow all re action(s) as listed in the at of deficiencies.										
C 174	Building Equipment	Maintained Safe, Operating	C 174									
	EQUIPMENT  (a) The building an mechanical, and plucare home shall be operating condition  (j) This Rule shall family care homes.  This Rule is not meadable in the shall of the shall family care homes.  This Rule is not meadable in the shall family care homes.	and all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing										

Division of Health Service Regulation STATE FORM